

# APPLICATION FOR CYTOTECHNOLOGIST LICENSE

**INSTRUCTIONS:** Application fee **\$135.00** (biennial)

1. Fill out form completely using typewriter or ink.
2. Have REGISTRAR send an official transcript of all college credits to the address below.
3. Include a copy of your certificate of training.
4. Include verification of CT (ASCP) Board of Registry.
5. Documents in language other than English must be accompanied by a certified translation. Send to:

State of California  
Department of Health Services  
Laboratory Field Services  
2151 Berkeley Way, Annex 12  
Berkeley, CA 94704-1011

**DO NOT WRITE IN THIS SPACE**

 Approved license number: \_\_\_\_\_

Evaluator signature

☐ Denied

Reason: \_\_\_\_\_

☐ ASCP number verified: \_\_\_\_\_

1. Name (first, middle, last)		Social Security number	
2. Address (street, number)	City		State ZIP code
3. Previous name	4. Citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth

7 I ☐ have/ ☐ have not been convicted of any felonies or misdemeanors other than minor traffic violations (attach statement giving details).

<p>8. Are you ASCP certified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>ASCP number</span> <span>Date issued</span> </div> <p>If no, when do you plan to take the test? _____</p> <div style="display: flex; justify-content: flex-end; width: 100%;"> <span>Date</span> </div>	<p>9. Have you previously been issued another California license (e.g., Clinical Laboratory Scientist, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>License type</span> <span>License number</span> </div>
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10.							
	Name of College or University Attended	Location City/State	Major Course of Study	From Month/Year	To Month/Year	Units Q-Quarter S-Semester	Degree/Year

11. I have completed \_\_\_\_\_ months of cytotechnology TRAINING.

12. I have completed \_\_\_\_\_ months of cytotechnology EXPERIENCE.

13. Indicate below and on reverse the laboratories where training and experience in cytotechnology were obtained. Hours per week to represent the work week, i.e., 20 hours, 40 hours, etc.

Laboratory-TRAINING				Hours Per Week	From Month/Year	To Month/Year
Laboratory name						
Address (street, number)	City	State	ZIP code			
Laboratory name						
Address (street, number)	City	State	ZIP code			

Reverse side of this form **MUST ALSO BE COMPLETED.**

13. **Laboratory-TRAINING** (Continued)

				Hours Per Week	From Month/Year	To Month/Year
Laboratory name						
Address (street, number)	City	State	ZIP code			
Laboratory name						
Address (street, number)	City	State	ZIP code			
Laboratory name						
Address (street, number)	City	State	ZIP code			
Laboratory name						
Address (street, number)	City	State	ZIP code			

14. If you are currently employed as a cytotechnologist in California, please complete the following.

Name of Employer	Address	Days and Hours	Summary of Daily Cytology Screening Activities			
			Hours Spent Reading		Number of Slides Read	
			GYN	NGYN	GYN	NGYN

I declare under penalty of perjury that all statements made in this application are true and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of the right to a license under the provision of Business and Professions Code, Section 1270.

Signature of Applicant

Date

**Note:** On January 1, 1977, the Governor's Executive Order #B22-76 became operational. This order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. Items relating to citizenship appearing on this form are voluntary and need not be completed; all other items are mandatory and the information requested must be furnished. Mandatory information is used to identify an applicant properly and to determine an individual's eligibility for licensure as authorized under the provisions of Chapter 3, Division 2, of the Business and Professions Code and Chapter 2, Title 17, of the California Code of Regulations. Failure to provide such information would preclude acceptance of your application. You have the right to review your file which is maintained by: Chief, Laboratory Field Services Section, Department of Health Services, 2151 Berkeley Way, Annex 12, Berkeley, CA 94704, (510) 873-6328.